

ANNUAL SYNAR REPORT

42 U.S.C. 300x-26

OMB ? 0930-0222

FFY 2004



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

INTRODUCTION

The Annual Synar Report format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 U.S.C. 300x-26) and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96).

Public reporting burden for this collection of information is estimated to average 30 hours for questions 1 through 8 for Section I and 3 hours for Section II, including the time for reviewing instructions, completing and reviewing the collection of information, searching existing data sources, and gathering and maintaining the data needed. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0222); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0222 with an expiration date of 7/31/2004.

How the Synar report helps the Center for Substance Abuse Prevention

In accordance with the tobacco regulations, the States are required to provide detailed information on progress made in enforcing youth tobacco access laws (FFY 2003 Compliance Progress) and future plans to ensure compliance with the Synar requirements to reduce youth tobacco access rates (FFY 2004 Intended Use Plan). These data are required by 42 U.S.C. 300x-26 and will be used by the Secretary to evaluate State compliance with the statute. Part of the mission of the Center for Substance Abuse Prevention (CSAP) is to assist States¹ by supporting Synar activities and providing technical assistance helpful in determining the type of enforcement measures and control strategies that are most effective. This information is helpful to CSAP in improving technical assistance resources and expertise on enforcement efforts and tobacco control program support activities, including State Synar Program support services through an enhanced technical assistance program involving conferences and workshops, development of training materials and guidance documents, and on-site technical assistance consultation.

How the Synar report can help States

The information gathered for the Synar report can help States describe and analyze substate needs for program enhancements. These data can also be used to report to the State legislature and other State and local organizations on progress made to date in enforcing youth tobacco access laws. Aggregated together, statistical data from State Synar reports can demonstrate to the Secretary the national progress in reducing youth tobacco access problems. This information will also provide Congress with a better understanding of State progress in implementing Synar, including State difficulties and successes in enforcing retailer compliance with youth tobacco access laws.

¹The term State is used to refer to all the States and territories required to comply with Synar as part of the Substance Abuse Prevention and Treatment Block Grant Program requirements (See 42 U.S.C. 300x-64 and 45 C.F.R. 96.121).

Getting assistance in completing the Synar report

If you have questions about programmatic issues, you may call the Division of State and Community Systems Development at (301) 443-0326 and ask for your respective State Synar Project Officer or contact the State Synar Project Officer directly by telephone or e-mail using the directory provided (see Appendix).

Where and when to submit the Synar report

The Annual Synar Report (ASR) must be received by SAMHSA not later than **December 31, 2003**. The ASR must be submitted in the **approved OMB report format**. Use of the approved format will avoid delays in the review and approval process.

Submit one signed original of the report, two additional copies, and an electronic version on either CD-ROM or 3.5" diskette to the Grants Management Officer at the address below:

Ms. LouEllen M. Rice, Grants Management Officer
Office of Program Services, Division of Grants Management
Substance Abuse and Mental Health Services Administration

Regular Mail:

Rockwall II Bldg., Suite 630
5600 Fishers Lane
Rockville, Maryland 20857

Overnight Mail:

Rockwall II Bldg., Suite 630
5515 Security Lane
Rockville, Maryland 20852

State Law Regarding Sale of Tobacco Products to Individuals Under Age of 18 (Section 1926):

An agreement to continue to have in effect a State law that makes it unlawful for any manufacturer, retailer, or distributor of tobacco products to sell or distribute any such product to any individual under the age of 18; and, to enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under age 18 (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

SECTION I

FFY 2003 (Compliance Progress):

42 U.S.C. 300x-26 of the Public Health Service Act requires certain information regarding the sale/distribution of tobacco products to individuals under age 18.

1. Describe any changes or additions to the State tobacco statute relating to 42 U.S.C. 300x-26 since the last application. Attach a photocopy of the changes and describe the impact they will have on enforcement of State tobacco law(s).

There have been no changes or additions to the State statute relating to 42 U.S.C. 300x-26 since the last application.

No legislation passed in the previous year went into effect during the Compliance Progress FFY.

STATE REGULATIONS:

No changes were made in state regulations during the Progress FFY.

2. Describe how the annual report required under 45 C.F.R. 96.130(e) was made public within the State, along with the State Plan as provided in 42 U.S.C. 300x-51.

Required under 45 C.F.R. 96.130(e) and the State Plan as provided in 42 U.S.C. 300x-51. The Division annually presents the Synar Report to the Governor's Council on Behavioral Health for public comment. The Governor's Council is, by statute, comprised of representatives of substance abuse treatment and prevention professionals, mental health treatment professionals, consumers of both substance abuse and mental health services, family members of children or elderly consumers of substance abuse and mental health services, members of the judiciary, criminal justice officials, the state mental health advocate, the executive directors of both the Drug and Alcohol Treatment Association and the Council of Community Mental Health Organizations as well as related state department directors or designees, including the Department of Children, Youth and Families, Corrections, Education, Human Services, Elderly Affairs and the Department of MHRH, as well as four members of the legislature representing each of the major political parties, two of which represent the House and 2 representing the Senate. The Council also has a number of members representing racial or ethnic minorities. The composition of the council is extremely diverse, representing all related aspects of substance abuse and mental health, government, providers, consumers and the public at large. Additionally, each community Substance Abuse Prevention Task Force is given their

individual community results and are, by contract, required to have these results published in their local newspapers. The 39 local police municipalities are also given a copy of the results to assist with their ongoing enforcement efforts. Also, the Department of Mental Health, Retardation and Hospitals issues a press release with the current year survey results to the local newspapers and as an enclosure with a cover letter to other State Departments. This year we will also be posting the statewide results on the Departments web page.

3. Identify the agency or agencies designated by the Governor for the implementation of the requirements. Identify the State agency responsible for conducting random, unannounced inspections. Identify the State and/or local agency or agencies that are responsible for enforcing the tobacco access law(s) (See 42 U.S.C. 300x-26 and 45 C.F.R. 96.130).

The Department of Mental Health, Retardation and Hospitals (MHRH) is the agency designated by the Governor as responsible for the implementation of Section 1926. The Department of MHRH coordinated the implementation of the random inspections in conjunction with local and state police departments. The Department of MHRH continued to directly contract with the local municipal police departments and the state police to conduct the annual statewide survey and provide ongoing enforcement activities.

4. Describe briefly the coordination and collaboration that occurs between your States Tobacco and Health Office (Association of State and Territorial Health Officials) and Single State Authority for Substance Abuse (NASADAD). Discuss how State efforts to reduce youth access to tobacco relate to other tobacco control and prevention initiatives in your State.

The Department of Mental Health, Retardation and Hospitals has been working closely with the Department of Health on the issues of Tobacco Control and prevention in the State of Rhode Island. Each of the departments have been working with the local municipal Substance Abuse Prevention Task Forces on vendor education, community education and promotion of prevention activities. We are also working closely together on our media campaigns trying to maximize the impact of the funds that we each have available.

5. In 2-3 pages, list and describe all the State's activities to enforce the State youth access to tobacco law(s) in FFY 2003. Such activities may include statewide and/or targeted enforcement activities.

§ If enforcement of youth access laws is carried out by local law enforcement agencies, provide a detailed summary of local enforcement activities to verify the enforcement is taking place.

During FY 2003, the Department of Mental Health, Retardation and Hospitals continued to work closely with community substance abuse prevention coalitions (Task Forces) and with municipal police departments to enforce access laws. Enforcement efforts were conducted by the local municipal police departments and the State Police, as required by RI State Law, in thirty-three (33) municipalities. Statewide 1,955 enforcement checks were conducted. There were 686 violations and 135 citations issued, resulting in 116 first offense fines of \$250, 18 second offense fines of \$500, 2 third offenses fines of \$1,000. Most of the municipal police departments that did not conduct enforcement activities did file a report with the Department of Mental Health, Retardation and Hospitals, Division of Behavioral Health stating that there had been no activities during the reporting period.

- § Include an estimate of the number and types of penalties that were imposed for violation of access laws and policies, and whether these penalties were assessed against owners, clerks, or youth. Examples of penalties include citations, warning letters, public listing of violators, etc.

By Rhode Island Law the penalties MUST be assessed against the license holder, usually the store/establishment owner.

Please see attached grid identifying the enforcement activities by community and the itemized results.

- § Provide a summary of the final disposition of citations. Example(s) of final disposition include fines that were assessed and collected, licenses that were suspended or revoked, dismissals, etc.

Please see attached grid identifying the enforcement activities by community and the itemized results along with the report from the Rhode Island District Court.

- § Describe additional activities conducted to support enforcement and compliance with State tobacco access law(s). Additional activities may include merchant education, community education, media use, and community mobilization by statewide and/or local community-based coalitions and/or other State agencies.

Strengths and Challenges of Enforcement:

Rhode Island was significantly challenged this year to the enforcement of RI Gen. Law 11-9-13. The most significant challenge with Tobacco Enforcement this year within the police departments was due to the tragic West Warwick Fire February 20, 2003. Many police departments assisted West Warwick with other police duties in the city. Also, many of our cities are experiencing financial hardship due to a shortage of funds which affected their ability to perform enforcement activities. In many police departments there has been an increase in turnover with a reduction of hiring which has affected the amount Tobacco Enforcement completed this year.

Supporting Activities:

There was a press release issued by The Department of Mental Health, Retardation and Hospitals regarding the results of last years annual survey results. A number of newspaper articles and letters to the editor were also written in Rhode Island regarding Tobacco.

Merchant Education:

The Department of Mental Health, Retardation and Hospitals, Division of Behavioral Healthcare Services, Division of Substance Abuse distributed the new Merchant Education Guide to all the vendors that sell tobacco and tobacco products. The guide was adapted to meet the needs of RI and to incorporate the relevant state laws. It was also provided in Spanish for those vendors who speak and read Spanish.

Please see attached book.

Environmental Strategies:

There are two broad categories of prevention strategies: those that attempt to change the environment in which individual children grow, learn and mature and those that attempt to change the environment in which all children encounter threats to their health, including those associated with alcohol, tobacco, and other drug (ATOD) use.

Environmental strategies are predicated on the knowledge that individuals do not make decisions about ATOD use based solely on personal risk and protective factors, but are strongly influenced by the social context within which such decisions are made. Relevant community and societal variables include: the rules and regulations of social institutions and the degree to which they are enforced and supported, the norms of the community in which the individual resides, mass media messages which both support or discourage ATOD use, and the accessibility of ATOD within the community.

The federal Center for Substance Abuse Prevention (CSAP) considers environmental strategies to be a core component of a comprehensive statewide prevention system and strongly recommends that such strategies concurrently address all three variables to produce maximum positive outcomes.

Environmental strategies have been shown to produce rapid results in reducing both the incidence and prevalence of ATOD use. Further, implementing environmental strategies statewide may represent the most efficient use of prevention resources given that large numbers of a target population may be reached and impacted by these strategies, thus producing tangible change in overall ATOD use and related unhealthy behaviors.

In Rhode Island, the community substance abuse prevention task forces created under the Rhode Island Substance Abuse Prevention Act of 1987 remain the main vehicle by which Rhode Island is able to comply with federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requirement to implement environmental prevention strategies as part of the designed 20% set-aside for prevention. In particular, RISAPA task forces have played an essential role in allowing the State to meet the requirements placed on it by the Synar Amendment to the federal Public Health Act. Task forces broad-based representation and legislative mandate places them in a unique position to implement environmental strategies and to effect positive change within their communities.

RISAPA task forces have and continue to advocate for police participation in the Synar survey as well as for ongoing enforcement efforts. Task forces recruit, train, and accompany youth volunteers who attempt to purchase tobacco products from retail vendors. In many communities, task forces have conducted trainings of tobacco vendors to increase compliance with the youth access to tobacco law and have made public the results of both the annual local Synar survey and ongoing enforcement efforts.

Statewide, task forces have successfully advocated for municipal regulations and ordinances, which limit tobacco use, particularly in settings where youth are present. Ordinances have been enacted which prohibit tobacco use in municipally-owned buildings, on municipal athletic and recreational field, and at municipally-sponsored events, which involve underage youth. Task forces also have assisted schools in complying with the State law, which prohibits smoking on school property.

The majority of task forces have implemented campaigns to educate all community members about the risks associated with tobacco use, including the harmful effects of environmental tobacco smoke (E.T.S.). These

efforts, funded primarily through the RISAPA (MHRH administered) and the Tobacco Control Program (DOH administered) have served to decrease the incidence and prevalence of tobacco use statewide. Task forces also have provided resources to assist current tobacco users who wish to quit.

*** Environmental strategy info was excerpted from CSAP's Training Manual and Resource Guide.

R.I.S.A.P.A. TASK FORCES TOBACCO PREVENTION INITIATIVE HIGHLIGHTS

Barrington

Contact: position currently is vacant

- Distributes materials on the risks associated with tobacco use throughout the community.

Bristol

Contact: Ann Field-Piette

- Collaborated with local police and Department of Parks and Recreation to place no smoking signage at all sports recreational fields and to enact a no smoking ordinance for all outdoor recreational youth sports events.
- Worked with the DARE program to enhance modules related to the dangers of tobacco use.
- Assisted the local police department in conducting the annual Synar survey (13 of 15 vendors surveyed did not sell) and will assist in future enforcement activities.

Central Falls

Contact: Angelo Garcia

- Through funding provided by the DOH's tobacco control program, the Task Force participates in Project AIR which also includes several other urban task forces.
- On an ongoing basis, provides education about the dangers of tobacco use and E.T.S. to the community. Specific events include: the annual Multicultural Festival, the Schools and Communities Organized to Promote Excellence(SCOPE) Youth Expo, the Police Department's Block Party and Teen Night Out, Thanksgiving and Christmas food and present distributions, and Easter in the Park.
- Develops and disseminates bilingual and culturally appropriate tobacco-related information throughout the community.
- Collaborates with Progresso Latino's smoking cessation program.
- Collaborates with the local police department in enforcing the State's law regarding youth access to tobacco products.
- Conducts education campaign for retail tobacco vendors on the State's youth access to tobacco law; publicly recognizes those vendors who do not sell tobacco products to underage youth.
- Develops and disseminates materials related to smoking cessation, including a list of cessation programs and resources.
- Coordinates workshops in the City's English as a Second Language classes on the dangers of tobacco use and E.T.S.
- Conducts educational meetings with local businesses to discuss the harmful effects of E.T.S. on employees who are exposed to it in the workplace.

- Coordinates with Channel One's Substance Abuse Prevention and Treatment Block Grant -funded programs to provide tobacco control information and to facilitate communication among family participants.

Chariho

Contact: Cheryl Duncan

- Provides volunteers for enforcement efforts and annual Synar survey relative to R.I.'s youth access to tobacco law.
- Sponsors peer leadership program, Teens as Teachers (T.A.T.), which includes efforts to change community and peer norms conducive to tobacco use.
- Through DOH funding, T.A.T. has developed a counter-marketing video, which will be used to educate vendors about responsible tobacco product placement. T.A.T. will continue to advocate for ordinances to reduce exposure to Environmental Tobacco Smoke (E.T.S.) and will continue to advocate for an ordinance to control smoking in restaurants based upon a model ordinance drafted by the task force.
- Through DOH funding, T.A.T. provides anti-tobacco use messages and materials to the elementary school.
- Members of T.A.T. and local police officers visit each licensed vendor and explain R.I.'s youth access to tobacco law for the purpose of increasing vendor compliance with said law.

Coventry

Contact: Claire Silva, Coordinator

- Work cooperatively with local police department to implement compliance checks of local tobacco vendors; vendors who sold to minors are fined and the money collected is given to the task force. The names of violators are published in the local newspaper. Businesses that do not sell are given congratulatory letters.
- Advocates successfully for a local ordinance, which bans tobacco products at youth athletic or recreational events. Task force distributes anti-tobacco use resources at these events.
- Works collaboratively with the middle school Student Assistance Counselor to conduct regular tobacco prevention and cessation groups.
- Distributes a Town Assessment report, which educates the community about the level of tobacco use throughout all grade levels.

Cranston

Contact: Kathleen Martin, Coordinator

- Maintains a resource table at the City Hall, which includes material describing the health consequences of tobacco use.
- Gives numerous presentations on the dangers of tobacco use at both school and community-based events and programs. These events/programs include the Shriners Circus, the Cranston High School West summer recreation program, the Cranston Fall Harvest Festival, the CVS Senior Games, Red Ribbon Week, the Ninth Annual Tobacco Control Conference, "Hoops for the Heart" Basketball Tournament at Cranston H.S. West, Youth to Youth-sponsored assemblies at Cranston H.S. East, SSTARBIRTH Wellness Center, the Cranston Health Fair Day, and the First Annual Health Fair at the R.I. Training School.

Cumberland

Contact: Kevin St. Jean, Coordinator

- Continues to advocate for a local ordinance requiring all local restaurants become smoke-free.

East Greenwich

Contact: Robert Houghtaling, Coordinator; William Sequino, Town Manager

- Parent trainings are offered in all schools 6-8 times per year. Topics include education on the dangers of tobacco use and ETS exposure.
- Assists local police department in conducting annual Synar survey.
- Works collaboratively with 2 School Resource Officers whose presence has served to reduce smoking and truancy within the High School.

East Providence

Contact: MaryAnn Martinez, Coordinator

- Youth Task Force, DICE (Drug Intervention Community Educators), plans and implements comprehensive tobacco prevention activities. DICE implements Teens as Teachers, the peer leadership program. A focus of this program is increasing awareness of the dangers of tobacco use and E.T.S, and decreasing favorable attitudes towards tobacco use. Surveys of participants have shown a decrease in use of tobacco products. Funding for this program is through the DOH.
- Task force advisory council, "Project AIR" is developing proposed tobacco policy changes for the High School. Project AIR uses various environmental strategies to address issues related to E.T.S. and smoking cessation.
- Through a separate grant from DOH, the Task Force employs strategies to reduce youth exposure to E.T.S. by targeting parents.

Exeter/West Greenwich

Contact: Louise Dias, Coordinator

- Provides information on the State's Tobacco Free Schools law through the Task Force's newsletters.
- Successfully advocated for passage of a municipal ordinance, which bans all alcohol, tobacco and other drug use at all youth events in the Town of West Greenwich. Signs with this message were then placed at all athletic and recreational fields. Task force monitors compliance with the ordinance.
- Actively participates in the statewide effort to enact legislation making all restaurants in R.I. smoke free.
- Continues to conduct workshops to raise awareness of the dangers associated with tobacco use at the annual sixth grade health fair and other events targeting teens.

Foster/Glocester

Contact: Lorraine Kaul, M.A., M.P.A., CPP-R, Coordinator

- Sponsors a counter advertising campaign, which includes ads in local newspaper and the task force newsletter. Information continues to be provided on how to develop a family policy against tobacco use by youth.
- Partners in Prevention: campaign to encourage other community agencies to collaborate in influencing the community norms regarding anti-tobacco initiatives. To date, over 80% of the contacted agencies have included anti-tobacco messages in their newsletters.
- Continues to support local high school Youth to Youth group and the 8th grade Health class students in their efforts to enact a Town ordinance prohibiting smoking in local restaurants and at any school

function. Youth to Youth also developed and disseminated materials regarding the State smoke-free schools law as a policy reinforcement initiative. This group successfully advocated for the company, which provides the school lunch program to require their staff not to smoke on school property. Youth to Youth also sent letters home to all parents of school children requesting implementation of a family policy against youth tobacco use. Task force continues to advocate for ordinances, which limit exposure to ETS.

- Works with local recreation department in advocating for an ordinance prohibiting tobacco use in any of the Town's recreational areas.

Jamestown

Contact: Laura Bucklin, Coordinator

- Assists local police department in conducting the Synar survey and enforcement efforts.
- Funds an ad in the local telephone, which features information on smoking cessation.

Johnston

Contact: Michael Nordstrom, Coordinator

- Worked with the Town Administration to develop and implement the Town's Drug and Tobacco Free Workplace policies that are reviewed and updated annually.
- Conducts poster contests to increase awareness of the dangers of tobacco use.
- Develops and continues to advocate for municipal tobacco control ordinances.

Lincoln

Contact: Pamela Shayer, Coordinator

- Conducts educational activities regarding the dangers of tobacco use at local elementary schools. During Red Ribbon Week, anti tobacco use posters are displayed at Lincoln Mall.
- Collaborates with local police department to educate local licensed tobacco vendors about R.I.'s youth access to tobacco law, which has served to increase vendor compliance with said law and to decrease local availability of tobacco products to underage youth.
- Youth to Youth group participates in Kick Butts Day, the Great American Smokeout and writes a column in the newspaper on tobacco use issues. Participants advocate for tobacco and other drug-free lifestyles as well as focusing on the development of positive peer relationships.
- Sponsors a weekly smoking cessation support group.

Little Compton

Contact: Rebecca Elwell, Coordinator

- Sponsors structured after school activities, which promote an ATOD-free lifestyle and encourage community service and peer leadership.
- Sponsors a parenting program, which includes a module on reducing parental approval of underage ATOD use.

Narragansett

Contact: Nancy Devaney, Coordinator

- Through DOH funding, advocates for legislation to mandate smoke-free restaurants statewide. Distributes anti-tobacco and E.T.S. literature throughout the Town.
- Works collaboratively with the High School to enforce State's smoke free schools law and continues to meet with PTO's at all Town schools to make parents aware of the dangers of tobacco use.

- Recruits students to work with local police department in conducting the Synar survey and other tobacco enforcement efforts.
- Participates in the middle school health fair, which provides info on tobacco issues.
- Advocated for increase in the cigarette tax.
- Continues to advocate to have local Little League not sell Big League Chew, which is marketed like chew tobacco to underage children.

- **New Shoreham**

Contact: position currently is vacant

- Sponsors Camp Mohegan art class for ages 5-10, which meets 2-3 times per week during the summer. Projects are included which focus on the dangers of tobacco use.
- Distributes materials throughout the community on the dangers of tobacco use.
- Collaborates with health teacher in conducting anti-tobacco initiatives.
- Sponsors alternative activities, including the Off the Curb dance group, which present a drug-free message and distributes anti-tobacco material.

North Smithfield

Contact: Melissa Flaherty, Coordinator

- Conducts on-going public education campaign, which focuses on the dangers associated with tobacco use, and encourages and supports cessation efforts. This initiative includes newspaper and elementary newsletter ads, articles in the newspaper, the Task Force newsletter and Youth Activities Guide, and permanent displays at municipal and private offices.
- Works with a local parent group on issues related to the Clean Indoor Air Act.

Pawtucket

Contact: Diane Dufresne, Coordinator

- Participates on the Pawtucket Tobacco Task Force, which includes representatives from various municipal and private agencies/organizations.
- Works with Tobacco Task Force to implement plans for a smoke-free restaurant campaign and to revamp the local ordinance related to sales of tobacco products to minors.

Portsmouth

Contact: Caroline Miller, Coordinator

- Provides community education about the risks of tobacco use and E.T.S., particularly through distribution of materials at the Town library, Senior Center, all school health fairs, and through a Task Force brochure.
- Raises parental awareness of the dangers of underage tobacco use and retail tobacco sales to youth and provides opportunities for parents to take action. Coordinator continues to address parent education groups, to distribute pamphlets and brochures, and to enlist volunteers for the American Cancer Society's TCAT(Tobacco Control Advocacy Team) Network.
- Promotes enforcement (and community support for enforcement) of tobacco-related regulations and ordinances. Assesses compliance with local ordinance, which mandates that the Town's athletic fields have signage prohibiting tobacco use and monitors enforcement efforts. Also continues to assess compliance with State law requiring schools to be smoke free and to post appropriate signage. Works collaboratively with the School Committee to improve compliance.
- Publicly recognizes those retail tobacco vendors who are in compliance with the State's youth access

to tobacco law. Task Force also recognizes those local restaurants that are smoke-free.

South Kingstown

Contact: Valerie McGuire, Coordinator

- Trains teens at American Cancer Society's "The Power of Choice" youth conference to be anti-tobacco advocates. Students offer community presentations and act as mentors for younger students.

Tiverton

Contact: Rebecca Elwell

- Working collaboratively with local schools to place signage related to the State's smoke-free schools law in the schools, and to increase support for enforcing this law; continue to monitor compliance with the law.

Warwick

Contact: Gloria Fairbanks, Coordinator

- Assists the Student Assistance Counselors at the Junior and Senior High Schools in conducting anti-tobacco groups and provides incentives to keep students engaged in this effort.
- At the elementary school level, the VOWS puppet program offers lessons on the dangers of tobacco use and advice on how to avoid E.T.S.
- Supplies municipal buildings and recreational fields with signage indicating that they were non-smoking areas.
- Sponsors a mentoring program with seniors and children called "Smoke Free Me." A mentoring model is utilized to support cessation and treatment is offered (DOH funding). Sessions are held weekly at the Senior Center and include a pharmacist and a Registered Nurse to assist participants.
- Assists local police department in conducting checks of retail tobacco vendors to determine compliance with the State's youth access to tobacco law.

West Warwick

Contact: Janice Rousselle

- Supports local police department in implementing the DARE program which includes sessions on the dangers of tobacco use.
- Smoking is not permitted at the Town's athletic fields and the youth baseball and soccer leagues have a no-smoking policy during games and practices, which includes parents and coaches.
- Sponsors a number of presentations at local schools about the dangers of tobacco use
- Sponsors the NOT program which is a smoking cessation program for teenagers.

Westerly

Contact: Mary Lou Serra, Coordinator

- As suggested by the Youth Task Force, The Task Force provides 1 female and 1 male monitor to the High School to prevent smoking in the bathrooms and around the school building. As a result, smoking at the school has been virtually eliminated.
- Distribute anti-tobacco slide guides at local health fairs, pharmacies, the police station, local businesses and banks.
- Provides volunteers to assist the police in conducting compliance checks of local retail tobacco vendors.

Woonsocket
Contact Lisa Carcifero

- Conducts numerous initiatives to educate children, adults/seniors on the dangers of tobacco use and cessation. Task Force has placed articles in the local newspaper and its newsletter, has presents tobacco-related topics on its radio show “Task Force Update”, and continues to distribute tobacco fact sheets to parents and to students. Also conducts a tobacco awareness day at the local YMCA.

Collaboration at the state and local level

The Rhode Island General Assembly appropriated \$3 million for tobacco control activities administered by the Department of Health. Currently, 8 R.I.S.A.P.A. Task Forces receive funding through the State’s tobacco control program. These grants were awarded under different categories; resulting in 5 of the Task Forces having received multiple grants.

The categories include:

1. “mini-grants” to provide activities to change the community environment as well as individual attitudes and behaviors regarding tobacco use
2. comprehensive tobacco control programs which focus on mobilizing community members, adopting policies to protect the public from second-hand smoke, and implementing marketing and media strategies to offset advertising by tobacco companies
3. “mini-grants” for specific media initiatives
4. WORD Youth Empowerment Movement funded through the American Legacy Foundation. This is based on a national model which features a youth governing board whose primary responsibility is to plan and implement comprehensive tobacco control activities in a state-level Activity Center as well as projects at the community level

The participating Task Forces and the categories under which they were funded are:

Central Falls (2,3)
Chariho (1,4)
East Providence (1,2,4)
Narragansett (1)
North Smithfield (1)
Pawtucket (2,4)
Portsmouth(1)
Woonsocket (1,2,4)

The Department of Mental Health, Retardation and Hospitals, Division of Behavioral Healthcare Services, Division Substance Abuse included in their contracts with the local Municipal Substance abuse Prevention

Task Forces stipulations that they would communicate with their municipal police departments and conduct follow up on site vendor education activities to all vendors found in violation of RI Gen. Law 11-9-13 within their community.

The following question pertains to the sampling methodology used by the State to meet the requirements of the Synar Regulation to measure State compliance with youth access to tobacco law.

6. In 2-3 pages, describe the sampling methodology used by the State to conduct random, unannounced inspections. Include in the description the following information:

Sampling design and methodology

Did the sampling methodology change from the previous year? If so, indicate the following.

- \$ what changes were made,
- \$ why the changes were necessary,
- \$ when the changes occurred.

Describe the source(s) and quality of the sampling frame.

- \$ the date when the sampling frame was last updated,
- \$ the procedures used to insure that the addresses of tobacco outlets on the sampling frame are accurate,
- \$ the criteria used to determine accessibility of outlets to youths,
- \$ the methods used to verify that outlets identified on the sampling frame actually do sell tobacco,
- \$ the methods used to locate tobacco outlets that were not on the sampling frame,
- \$ the accuracy of the frame: the percentage of the sampling frame that included outlets that actually sell tobacco and had accurate addresses,
- \$ the coverage of the frame: the percentage of all tobacco outlets in the State that were actually included on the sampling frame.

Sampling Frame:

A statewide list of licensed retail tobacco vendors, provided by the State Division of Taxation, was used to develop the inspection-sampling frame. This list is updated annually in June, and contains all actively licensed retail tobacco vendors, including both over the counter (OTC) and vending machines. The Division of Taxation assured the SSA that the list provided is comprehensive, non-duplicative, and contains accurate addresses for all licensed establishments. Additionally, it is reasonable to conclude that the list is all-inclusive given that State Law provides substantial penalties for selling tobacco without a valid license, or for wholesale tobacco vendors who distribute to unlicensed retail vendors.

RI law requires a one-time license fee for retail tobacco vendors, and a requirement that license holders return a license if the site closes, changes location and/or ownership, or

ceases to sell tobacco products. However, RI state law provides no penalties for failing to return inactive sites. Information regarding any licensed sites found to be out of business or no longer selling tobacco products during each annual Synar Survey have been provided back to the Division of Taxation for confirmation and removal from their list. However, because it is always possible that additional sites in the sample frame that were not previously surveyed are inactive, or sites that were active last year have since become inactive, we chose to overdraw our sample to accommodate inactive sites.

Describe the random selection process.

- \$ the geographic unit used for sampling,
- \$ the procedures used for selecting the sample of geographic sampling units,
- \$ the method used for selecting outlets from within each sample geographic sampling unit,
- \$ the original sample size, minimum number of required inspections, and final sample size; and explain how they were determined,
- \$ if applicable, explain the difference between the original sample size and the final sample size; and indicate whether the final sample is representative of the distribution of tobacco outlets in the State.

Random Selection:

Describe how replacement outlets and non-completed inspections were handled. Provide a complete tally of non-completed inspections that include:

- \$ the number of inspections that were not completed because the outlets were ineligible,
- \$ the number of eligible but non-completed inspections.

The sampling methodology used in Rhode Island for this year's survey was the same as that used in past years. Specifically, a statewide list of licensed retail tobacco vendors, provided by the State Division of Taxation, was used to develop the inspection sampling frame. Because Rhode Island encompasses such a small geographic area, assessing access to retail tobacco sites based on geographic location is not required (based on guidance provided by CSAP in past years). Thus, we used a single, statewide, sampling unit.

Rhode Island's initial sample frame consisted of 2162 sites, licensed with the Division of Taxation as retail tobacco vendors. An initial calculation indicated we required a sample of 394 sites to achieve a 95% confidence interval $\pm 3\%$.

The sample size, including both types of sites (OTC and vending), was calculated as follows:

$$n = 1/[(se^2/(p*q)) + (1/N)], \text{ where}$$

n = sample size

N = sampling frame size, or universe of outlets statewide (2162)
p = proportion of unsuccessful buys (.80)
q = proportion of successful buys (.20)
z = z-score for level of confidence of .95 (1.645)*
CI = confidence interval \pm range (.03)

**Note: We used a z-score of 1.645 (rather than the 1.96 used in previous year) per instructions by CSAP following submission of the FY03 report.*

Because MHRH's list of tobacco vendors in the state comes from the RI Division of Taxation, it is estimated that the sampling frame covers 95% of the population of the eligible outlets in the state. The estimated 5% not covered encompasses sites that may be selling tobacco without a license, or sites that have become licensed between the time we received the list from taxation and the time we have the surveys conducted.

In order to accommodate the possibility that the list may also contain expired licenses or sites deemed inappropriate for survey (e.g., over 21 clubs), as has been found in prior surveys, we chose to overdraw our sample by a factor of .33. Thus our initial sample was 394×1.33 or 523 sites.

We drew a simple random sample of all OTC and vending machine sites by assigning each member of the population of sites a four-digit number, and then randomly selecting sites from the list, without replacement. The 523 sites were chosen using SPSS software's "Select Random Sample of Cases," for which we specified the exact number of cases to select. The probability of a site being selected in the sample for survey was $523/2162$ or .242.

Because previous experience in conducting the annual survey suggested that there was no significant variability in ease of access to tobacco based on the type of sales site (vending machine vs. over-the-counter), we did not stratify the sample according to site type. However, in reviewing the sample drawn, we found that the proportion of OTC vs. vending machine sites in the sample (397 OTC sites vs. 126 vending machine sites, or 76% vs. 24%) was nearly identical to that found in the overall sample frame (1669 OTC sites vs. 493 vending machine sites, or 77% vs. 23%). To look at the distribution in another way, the ratio of OTC to vending machine sites in the sample was 3.15, as compared to 3.39 in the overall sampling frame.

Attempted surveys resulted in incomplete inspections for a couple of reasons. First, sites resulted in an incomplete survey if they were out-of-business, no longer sold tobacco products, or private/over 21 only clubs. Furthermore, sites that were deemed inappropriate or unsafe by the accompanying police officer were also not surveyed. However, if sites were simply closed at the time of initial inspection, they were to be re-inspected at another time until a survey was completed.

Of the 523 sites sampled, surveys were returned to State offices for 506. Of those 506 returned surveys, 126 sites could not be inspected, 87 of which were ineligible, and 22 of which were eligible but not completed due to sites being closed at the time of visit, or deemed inappropriate because the youth knew the salesperson. The remaining 17 sites sampled were assumed eligible, but never completed for unknown reasons. This resulted in an 83.4% rate of accuracy of the sampling frame ((523 sampled - 87 ineligible)/523 sampled). A breakdown of the reasons for non-inspection is shown in Table 1:

Table 1

STATE: RI, FFY: 2004

Disposition Code	Description	Number of Records	Subtotal
EC	Eligible and inspection complete outlet	397	
Eligible Completes Total:			397
N1	In operation but closed at the time of visit	10	
N2	Unsafe to access	0	
N3	Presence of police	0	
N4	Youth inspector knows salesperson	12	
N5	Other eligible noncomplete (not returned)	17	
Eligible Noncompletes Total:			39
I1	Out of Business	40	
I2	Does not sell tobacco products	0	
I3	Inaccessible by youth	29	
I4	Private club	18	
I5	Temporary closure	0	
I6	Unlocatable	0	
I7	Other ineligible	0	
Ineligibles Total:			87
Total:			523

In terms of the 17 surveys in the category “N5-Other eligible noncomplete,” these are for sites in 11 different cities or towns. A possible reason for noncompletion for two of the towns (Block Island and Prudence) is that they are islands, and only accessible by ferry. A few of the remaining municipalities had only 1 or 2 surveys apiece that were missing for unknown reasons.

Of the 87 total ineligible sites referenced in Table 1 above, 45 were OTC sites and 42 were vending machine sites. The ratio of OTC to vending machine sites in the sample (n=523) was 3.15, or 397 OTC sites vs. 126 vending machine sites. The ratio of OTC to vending machine sites in the completed inspections was 4.59 in favor of OTC sites (326 OTC vs. 71 vending machine sites). This higher ratio in the completed inspections was due to the fact that proportionally, many more of the surveys of vending machine sites (as opposed to OTC sites) were unable to be completed due to the vending site being inaccessible to youth or no longer selling tobacco products.

The following Table compares what percent of completed surveys came from each city or town with the percent of outlets in the original sampling frame.

City	Original Sample Count	% of Outlets in City/Town	Final Sample Count	% of Outlets in City/Town	Difference in Percentage
Barrington	14	0.6%	4	1.0%	0.4%
Bristol	43	2.0%	7	1.8%	-0.2%
Burrillville	21	1.0%	0	0.0%	-1.0%
Central Falls	50	2.3%	12	3.0%	0.7%
Charlestown	13	0.6%	3	0.8%	0.2%
Coventry	45	2.1%	8	2.0%	-0.1%
Cranston	134	6.2%	28	7.1%	0.9%
Cumberland	53	2.5%	5	1.3%	-1.2%
East Greenwich	24	1.1%	6	1.5%	0.4%
East Providence	88	4.1%	18	4.5%	0.5%
Exeter	11	0.5%	3	0.8%	0.2%
Foster	7	0.3%	0	0.0%	-0.3%
Glocester	18	0.8%	3	0.8%	-0.1%
Hopkinton	19	0.9%	0	0.0%	-0.9%
Jamestown	5	0.2%	0	0.0%	-0.2%
Johnston	64	3.0%	10	2.5%	-0.4%
Lincoln	27	1.2%	5	1.3%	0.0%
Little Compton	8	0.4%	0	0.0%	-0.4%
Middletown	37	1.7%	7	1.8%	0.1%
Narragansett	40	1.9%	4	1.0%	-0.8%
New Shoreham	19	0.9%	0	0.0%	-0.9%
Newport	88	4.1%	13	3.3%	-0.8%
North Kingstown	44	2.0%	8	2.0%	0.0%
North Providence	62	2.9%	3	0.8%	-2.1%
North Smithfield	20	0.9%	4	1.0%	0.1%
Pawtucket	157	7.3%	27	6.8%	-0.5%
Portsmouth	23	1.1%	6	1.5%	0.4%
Providence	462	21.4%	80	20.2%	-1.2%
Richmond	9	0.4%	1	0.3%	-0.2%
Scituate	12	0.6%	1	0.3%	-0.3%
Smithfield	42	1.9%	12	3.0%	1.1%
South Kingstown	48	2.2%	5	1.3%	-1.0%
Tiverton	33	1.5%	11	2.8%	1.2%
Warren	28	1.3%	5	1.3%	0.0%
Warwick	149	6.9%	36	9.1%	2.2%
West Greenwich	10	0.5%	3	0.8%	0.3%
West Warwick	64	3.0%	15	3.8%	0.8%
Westerly	69	3.2%	13	3.3%	0.1%
Woonsocket	102	4.7%	31	7.8%	3.1%
Grand Total:	2162	100%	397	100%	

The final column on the right shows the difference between the original sample frame and final sample for each city/town. Positive differences suggest a city/town may be over represented in the final sample, whereas negative differences suggest a potential under representation. These differences were within two percentage points of that city or town's overall representation within the State, with three exceptions. The town of North Providence returned surveys at a rate of 2.1% less than their State representation level. Also, the cities of Warwick and Woonsocket had higher completed survey return rates than their State representation levels, with the differences being 2.2% and 3.1%, respectively. Overall results indicate the survey was geographically representative of outlets in Rhode Island.

The following question pertains to the random sample survey required by the Synar Regulation to measure

State compliance with youth access to tobacco laws.

7. In 3-5 pages, report the complete results of the inspections conducted for the Synar survey during the FFY 2003. Report the unweighted and weighted retailer violation rates, including the corresponding standard error, and the confidence interval for the weighted reported retailer violation rate. Provide all supporting tables, formulas, and values used to calculate the final weighted retailer violation rate.

FORM 1

Complete Form 1 to calculate the unweighted retailer violation rate using results from the current year's Synar survey inspections.

Instructions for Completing Form 1 for the FFY 2004 Synar report:

1. In the top right hand corner of the form fill in the name of the State for which information being provided.
2. Provide information for each geographic sampling unit on one line across the page. Make copies of the form if needed and continue to number sequentially.
3. Column 1: Write in category of geographic sampling unit used. Indicate the percent of the total State population under 18 residing in each geographic sampling unit. The U.S. Census Bureau 2000 data was released July 2001. (For assistance call the U.S. Census Bureau's Customer Service Center at 301-457-4100). All geographic sampling units in the State must be listed in Column 1.
4. Column 2: Report number of outlets in each geographic sampling unit for both over-the-counter outlets and vending machine outlets. Vending machines must be included in the universe of outlets and the sampling frame unless:
(1) previously discussed with and approved by SAMHSA in the design of the State's sampling methodology or (2) the State verifies that no vending machines exist in the State or that vending machines are inaccessible to minors.
5. Column 3: Report in column 3 on only those geographic sampling units in which random, unannounced inspections were conducted.
 - (a) Provide the number of over-the-counter (OTC) outlets **randomly** inspected in the geographic sampling unit during the FFY.
 - (b) Provide the number of vending machines **randomly** inspected during the FY.
 - (c) Provide the total number of outlets **randomly** inspected-- columns 3(a) plus 3(b).
6. Column 4: (a) Enter the number of OTC outlets found in violation of the law during **random** inspections in the geographic sampling unit during the FFY.

- (b) Enter the number of vending machines found in violation of the law during **random** inspections in the geographic sampling unit during the FFY.
 - (c) Enter the number of total OTC and vending machines found in violation of the law during **random** inspections in the geographic sampling unit during the FFY--columns 4(a) plus 4(b).
- 7. Row Totals:
 - (a) For columns 2 and 3, provide totals on the last page after data for all geographic sampling units are entered.
 - (b) For each sub-column in 4, provide totals for the State **as a whole** on the last page.

RI's survey resulted in successful buys (i.e., noncompliance with tobacco sales regulations) at 67 of 397 or 16.9% of the sites inspected (18.1% of OTC sites, and 11.3% of vending machine sites).

See Form 1 for results. There you will find that no weighting of the results of the survey by geographic area is shown due to Rhode Island's use of a single statewide sampling unit. Thus the weighted and unweighted retailer violation rate is the same at 67/397 or 16.9%.

Form 1

Summary of Tobacco Inspection Results by Geographic Sampling Unit

State: RI
FFY: 2004

Column 1			Column 2			Column 3			Column 4		
			Estimate of the Number of Tobacco Outlets in the State			Number of Tobacco Outlets Randomly Inspected during the Synar Survey			Number of Tobacco Outlets Found in Violation during the Synar Survey		
Number	Geographic Sampling Unit	Percentage of Youth Under 18	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Tobacco Outlets (2a) + (2b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Tobacco Outlets (3a) + (3b)	(a) Over-the-Counter (OTC)	(b) Vending Machines (VM)	(c) Total Tobacco Outlets (4a) + (4b)
1	Statewide	100.0	1,669	493	2,162	326	71	397	59	8	67
Totals		100.0	1,669	493	2,162	326	71	397	59	8	67

A 95% confidence interval about the proportion of successful buys, encompassing both types of sites (OTC and vending), is included in Table 2 (generated by the SSES program).

Table 2

State	RI
FFY	2004
Date	10/16/2003 16:36
Data	SynarSystemFile.xls
Sampling Design	Stratified SRS with FPC

Estimates

Unweighted Retailer Violation Rate	0.1688
Weighted Retailer Violation Rate	0.1688
Standard Error	0.0166
Is SAMHSA Precision Requirement met?	Yes
Right-sided 95% Confidence Interval	[0, 0.196]
Two-sided 95% Confidence Interval	[0.136, 0.201]
Design Effect 1	0.7758
Design Effect 2	0.9995
Accuracy Rate (unweighted)	0.8337
Accuracy Rate (weighted)	0.7725
Completion Rate (unweighted)	0.9106

Where Confidence Interval = $p \pm 1.96(se)$

Thus, a 95% confidence interval about the noncompliance rate is [13.6, 20.1%], with a standard error of 1.67%. Because we have a Simple Random Sample Design, and our sample met the minimum sample size requirement, the Finite Population Calculation (FPC) was included for this analysis. In addition, the value of .9995 for Design Effect 2 is to be expected, as a simple random design using the FPC would generally result in virtually no effect (value of 1).

An overall summary of the total number of tobacco outlets in the State as well as sample, inspection, and violation rates are displayed in Table 3.

Table 3

STATE: RI, FFY: 2004

Variance Stratum	Frame Size in Variance Stratum	Estimated Population Size in Variance Stratum	Sample Size in Variance Stratum	Eligible Outlets	Outlets Inspected	Outlets in Violation	Retailers Violation Rate	Standard Error
1	2,162	1,802	523	436	397	67	0.1688	
Total	2,162	1,802	523	436	397	67	0.1688	0.0166

Finally, a table of attempted and successful buys, broken out by age and gender, is shown below. Across genders, under-aged males were slightly more successful at purchasing tobacco products than females. Additionally there was an overall tendency for older teenagers to be more successful at purchasing tobacco products than younger teenagers.

Form 3

Synar Survey Inspections FFY 2004		
	(a) Attempted Buys	(b) Successful Buys
Male		
14 years	13	0
15 years	75	7
16 years	106	31
17 years	50	8
Subtotal	244	46
Female		
14 years	0	0
15 years	96	10
16 years	25	2
17 years	32	9
Subtotal	153	21
Total	397	67

The following question pertains to the random sample survey required by the Synar Regulation to measure State compliance with youth access to tobacco laws.

8. Describe the protocol for conducting random, unannounced inspections. Ensure the following specific items are addressed in your description.

§ Have any changes been made in the inspection protocol from the previous year?

There were no changes in the inspection protocol from the previous year.

§ Indicate the start and end dates of the Synar inspections conducted during the current reporting period and whether the dates are different from previous years.

For the 2003 Synar Survey the Division of Substance Abuse contracted with local municipal police departments and the RI State Police. As in previous years, the youth inspectors were recruited primarily through community organizations such as the municipal task forces, Teen Institute, Youth to Youth, and other prevention program providers. The survey began in April 2003, and continued through the second week of May. Any police department that did not return their forms at that time was contacted told to complete them by the third week of September. The police officers were trained at a five-hour session and were provided the protocols for training their youth surveyors as well as age verifications scoring sheets.

Please see attached survey protocols used to train the officers and youth surveyors.

Rhode Island Law requires underage youth inspectors to be under the supervision of adult law enforcement officials. The law also requires youth inspectors to be truthful if asked their age during an attempted buy. There are no other legal or procedural requirements with respect to the conduct of the annual inspections.

- § Describe the methods used to recruit, select, and train youth inspectors and adult supervisors.

The police officers were trained in a five-hour session and were provided with the protocols for training their youth surveyors as well as, age verification scoring sheets.

Please see attached survey protocols used to train the officers and youth surveyors.

Rhode Island Law requires underage youth inspectors to be under the supervision of adult law enforcement officials. The law also requires youth inspectors to be truthful if asked their age during an attempted buy.

- § Describe the inspection methodology used. (e.g., consummated or unconsummated buys, instructions for carrying and showing identification, team composition and whether an adult monitor enters the outlet with the youth inspector, time of day inspections are conducted, compensation for the minors, data collection procedures, etc).

Please see attached survey protocols used to train the officers and youth surveyors.

- § Besides what is specified in the State youth access tobacco law, explain whether the State has other legal or procedural requirements regarding how inspections are to be conducted (i.e., age of minor, time of inspections, training that must occur)?

There are no other legal or procedural requirements with respect to the conduct of the annual inspections.

- § Describe specific legal or procedural requirements the State has instituted to address the issue of minors immunity when conducting inspections.

Please see attached copy of RI Gen. Law 11-9-13.

- § Describe specific legal or procedural requirements the State has instituted to address the issue of child safety.

Permission slips are obtained from the parent or guardian and the officers are told that if the site does not appear to be safe they are to note that on the survey form as site inappropriate and move on to the next site.

SECTION II

FFY 2004 (Intended Use):

In 2-5 pages, describes the State=s plans to achieve the interim target rate for FFY 2004 (Part 96.130 (e) (4)). Ensure the following specific items are addressed in your description of activities and/or changes that are planned.

- § Sampling methodology.

No Planned Changes.

\$ Inspection protocol.

No Planned Changes.

\$ Legislative actions and/or regulatory changes.

The Dept. of MHRH will provide significant judicial lobbying to combat Tobacco Vendors seeking to change current laws regarding fines and license revocations.

\$ Law enforcement.

Rhode Island was significantly challenged this year to the enforcement of RI Gen. Law 11-9-13. Many of our cities will continue to experience financial hardship due to a shortage of funds, which will affect their ability to perform enforcement activities. Many police departments will continue to have a reduction of hiring which will affect the amount Tobacco Enforcement completed next year. To address these challenges we plan to meet with the Chief's Association to educate them on Synar and the benefits of ongoing enforcement, and with the Attorney General for support with the tobacco enforcement.

\$ Activities that support law enforcement such as, merchant education, community education, media use, community mobilization.

Plan to continue media campaign with the cooperation of The RI Department of Health and will continue event sponsoring. For merchant education we will continue to distribute the Merchant Educational Guide and the appropriate signage in both English & Spanish to the appropriate establishments.

Describe the States strengths and challenges it faces in complying with the Synar requirements.

Proposed budget reductions for enforcement due to the state's budget deficit. Utilizing other venues for promotion because of our significant decrease in finances allotted for public education. Rhode Island is experiencing significant judicial lobbying from Tobacco Vendors to change current laws regarding fines and license revocations.

Describe any administrative or legal constraints on regulation and enforcement.

See above.

Describe the level of public support for inspections, enforcement, and public policy efforts.

The Rhode Island Task Forces will provide education about negative effects of tobacco and will continue to strive for changes in public policy around tobacco issues in their respective municipalities. The 39 Police Departments will also continue their enforcement activities throughout the year and will conduct the annual Tobacco Inspections. A combination of MHRH Staff, Dept. of Health, Community Task Forces and law enforcement officials will continue to work to keep the strong law our state has regarding penalties, fines and license revocation for those tobacco vendors who sell to youth under the age of 18.

APPENDIX

Synar Project Officer State Assignments

Center for Substance Abuse Prevention (CSAP)

Division of State and Community Systems Development (DSCSD)

State and Community Systems Development Branch

Synar Project Officer	State
Arias, Alejandro 301-443-4825 aarias@samhsa.gov	Alaska, California, Oregon, Pennsylvania, Puerto Rico, New Mexico, Washington
Hills, Grant 301-443-2961 ghills@samhsa.gov	Arkansas, Connecticut, Kansas, Louisiana, Michigan, Nebraska, New Jersey, New York, North Carolina, Ohio, South Dakota, Tennessee, Vermont, Wyoming
McElravy, Steve 301-443-5190 smcelrav@samhsa.gov	Arizona, District of Columbia, Florida, Georgia, Idaho, Iowa, Maine, Maryland, Missouri, Montana, Nevada, North Dakota, Oklahoma, Utah
Spencer, Julia 301-443-1911 jspencer@samhsa.gov	Colorado, Delaware, Illinois, Indiana, Minnesota, New Hampshire, Texas, Wisconsin
Stephenson, Carolyn 301-443-8881 cstephen@samhsa.gov	Alabama, American Samoa, Federated States of Micronesia, Guam, Hawaii, Kentucky, Marshall Islands, Massachusetts, Mississippi, Northern Mariana Islands, Palau, Rhode Island, South Carolina, Virginia, Virgin Islands, West Virginia

Last updated: 08/26/02